



**ANNUAL REPORT  
OF  
GOVERNMENTAL AFFAIRS AGENT**

**NEW JERSEY ELECTION LAW ENFORCEMENT COMMISSION**

P.O. Box 185, Trenton, NJ 08625-0185  
(609) 292-8700 or Toll Free Within NJ 1-888-313-ELEC (3532)  
Website: [www.elec.nj.gov](http://www.elec.nj.gov)

**FORM L1-A  
Reporting For Calendar Year 2018**

ELEC Received

Feb 14 2019  
01:27 PM

FOR STATE USE ONLY

Amendment ☐

Name of Governmental Affairs Agent or Governmental Affairs Agent Firm:

Hamilton Public Affairs, LLC

Business Address 57 Hunter Road South

City North Haledon State NJ Zip Code 07508

\*(Area Code) Telephone Number (973) 636-6371

**1. Provide the following information regarding the Governmental Affairs Agent(s) on whose behalf this report is filed.**

1. Name Dennis F. Marco

Badge Number 1984-1 Occupation or Business Government Affairs Agent

Business Address 57 Hunter Road South

City North Haledon State NJ Zip Code 07508

\*(Area Code) Telephone Number (973) 636-6371

2. Name \_\_\_\_\_

Badge Number \_\_\_\_\_ Occupation or Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

3. Name \_\_\_\_\_

Badge Number \_\_\_\_\_ Occupation or Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

4. Name \_\_\_\_\_

Badge Number \_\_\_\_\_ Occupation or Business \_\_\_\_\_

Business Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

\*(Area Code) Telephone Number \_\_\_\_\_

\*Leave this field blank if your telephone number is unlisted. Pursuant to N.J.S.A. 47:1A-1.1, an unlisted telephone number is not a public record and must not be provided on this form.

2. Provide the following information concerning all Represented Entities.

NOTE: Represented Entities who designate this report to include all of their activity must file Form L-2.

**RECEIPT AMOUNT**

**PURPOSE:** To report all fees, retainers, allowances, reimbursement of expenses, or other compensation received from Represented Entities for the purpose of influencing legislation, regulations, governmental processes, or communicating with the general public.

**NOTE:** Report only the pro rata share of each receipt which is related to influencing legislation, regulations, governmental processes, or communicating with the general public.

1. Name of Represented Entity American Diabetes Association

Business Address 330 Congress Street, 5th Floor

City Boston State MA Zip Code 02212

Type of Business National Non-profit Volunteer Health Association

**RECEIPT AMOUNT**  
**11,250.00**

☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

☐ Check if the Represented Entity is designating this report to indicate all of their activity.

2. Name of Represented Entity American Physical Therapy Association of New Jersey

Business Address 1100 US Highway 130

City Robbinsville State NJ Zip Code 08961

Type of Business Physical Therapy Professional Association

**RECEIPT AMOUNT**  
**37,666.00**

☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

☐ Check if the Represented Entity is designating this report to indicate all of their activity.

3. Name of Represented Entity Novo Nordisk

Business Address 800 Scudders Mill Road

City Plainsboro State NJ Zip Code 08536

Type of Business Pharmaceutical Manufacturer

**RECEIPT AMOUNT**  
**50,000.00**

☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

☒ Check if the Represented Entity is designating this report to indicate all of their activity.

4. Name of Represented Entity Home Instead, Inc.

Business Address 13323 California Street

City Omaha State NE Zip Code 68154

Type of Business Home Care Service Firm

**RECEIPT AMOUNT**  
**30,000.00**

☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.

☒ Check if the Represented Entity is designating this report to indicate all of their activity.

5. Name of Represented Entity Home Health Services Association of NJ (HHSANJ)

Business PO Box 5028  
Address \_\_\_\_\_

City Parsippany State NJ Zip Code 07054

Type of Business (732) 864-7111

**RECEIPT AMOUNT**

**25,000.00**

- ☐ Check if communication with the general public ("Grassroots Lobbying") was the **only** lobbying activity for this entity.
- ☐ Check if the Represented Entity is designating this report to indicate all of their activity.

## SCHEDULE A

1. Provide the following information for any Governmental Affairs Agent named in this Annual Report who served as a member of:

- any independent State authority;
- any county improvement authority;
- any municipal utilities authority;
- any inter-State or bi-State authority as a member from New Jersey; or,
- any board or commission established by statute or resolution, or by executive order of the Governor, or by the Legislature, or by any Agency, Department or other instrumentality of the State.

(If this question does not apply, move on to question 2.)

Name of Governmental Affairs Agent Dennis F. Marco

Name of Authority, Board, or Commission Passaic County Improvement Authority

Date When Term of Service Expires March 1, 2021

Name of Governmental Affairs Agent Dennis F. Marco

Name of Authority, Board, or Commission New Brunswick Development Corporation

Date When Term of Service Expires October 31, 2021

Name of Governmental Affairs Agent Dennis F. Marco

Name of Authority, Board, or Commission Passaic County Community College

Date When Term of Service Expires January 30, 2021

Name of Governmental Affairs Agent \_\_\_\_\_

Name of Authority, Board, or Commission \_\_\_\_\_

Date When Term of Service Expires \_\_\_\_\_

2. Did all Governmental Affairs Agent(s) named in this Annual Report file all Notices of Representation and Quarterly Reports required during the calendar year covered by this Annual Report?



Yes If "yes," continue on to Schedule B.



No If "no," please file the necessary reports immediately.

## SCHEDULE B - SALARY & COMPENSATION

**PURPOSE:** To report the salary and compensation paid to the Governmental Affairs Agents on whose behalf this report is filed. Include the reimbursement of an Agent's expenses in amounts reported.

**NOTE:** Only the pro rata share of each Governmental Affairs Agent's salary and compensation need to be included if the Agent spends only a portion of his/her time on lobbying activity.

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
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Dennis F. Marco	\$ 150,671.50
	\$
	\$
	\$

SCHEDULE B TOTAL \$ 150,671.50

## SCHEDULE C - SUPPORT PERSONNEL

**PURPOSE:** To report the costs of support personnel who, over the course of the reporting year, individually spend 450 or more hours supporting the activities of the Governmental Affairs Agent(s).

After determining to which person(s) this applies, report the pro rata share of those costs which are attributable to supporting the activities of the Governmental Affairs Agent(s) in influencing legislation, regulations, governmental processes, or communicating with the general public.

SCHEDULE C TOTAL \$ 0.00

NO SCHEDULE D FOR GOVERNMENTAL AFFAIRS AGENTS

**SCHEDULE E - COMMUNICATION EXPENSES**

**PURPOSE:** To report the costs of the preparation and distribution of materials related to influencing legislation, regulations, governmental processes, and conducting communications with the general public.

EXPENSE	AMOUNT
Printed Materials	\$ 135.00
Postage	220.00
Film, Slides, Video, Audio	
TV - Network	
TV - Cable	
Radio	
Other Broadcast Medium	
Internet	679.50
Telephone, Facsimile	1,535.00
Pro Rata Overhead Costs of Specific Events Over \$100 ( <i>please identify name and date of event</i> )	
Other ( <i>please describe</i> ):	
New Jersey Business & Industry Membership	275.00
Meadowlands Chamber Membership	400.00
SCHEDULE E TOTAL \$ 3,244.50	

**SCHEDULE F - TRAVEL/LODGING**

**PURPOSE:** To report the travel and lodging costs of the Governmental Affairs Agents on whose behalf this report is filed related to influencing legislation, regulations, governmental processes, or communicating with the general public.

NAME OF GOVERNMENTAL AFFAIRS AGENT	AMOUNT
	\$
	\$
	\$
	\$
	\$
	\$
SCHEDULE F TOTAL \$	

**SCHEDULE G-1****ITEMIZATION OF BENEFITS WHICH EXCEEDED \$25 PER DAY OR \$200 PER CALENDAR YEAR TO STATE OFFICIALS AND THEIR IMMEDIATE FAMILY MEMBERS**

**PURPOSE:** To report detailed information concerning benefits passed to State officials covered by the Act, as well as the immediate family members of these officials. If the value of a benefit exceeded \$25 per day or \$200 per calendar year, report below.

*(Select one description item for each entry from the drop down list. When selecting "O - Other", enter a description in the space provided.)*

Name of Benefit Recipient \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

Name of Benefit Recipient \_\_\_\_\_

Date \_\_\_\_\_ Description \_\_\_\_\_ Amount \$ \_\_\_\_\_

Name and Address of Payee/Vendor

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

If benefit was reimbursed, please report the date, the description, and the amount of the reimbursement.

Date \_\_\_\_\_ Amount \$ \_\_\_\_\_

Description \_\_\_\_\_

## SUMMARY OF BENEFIT PASSING

**PURPOSE:** To report the total amount of providing benefits to State officials covered by the Act and their immediate family members.

	SCHEDULE G-1	SCHEDULE G-2*	AMOUNT
Entertainment	\$ _____	+ \$ _____	= \$ _____
Food and Beverage	_____	+ _____	= _____
Travel	_____	+ _____	= _____
Lodging	_____	+ _____	= _____
Honoraria	_____	+ _____	= _____
Loans	_____	+ _____	= _____
Gifts	_____	+ _____	= _____
Other (specify) _____	_____	+ _____	= _____
<b>Total</b>	\$ _____	+ \$ _____	= \$ _____
<b>SCHEDULE G-1 AND SCHEDULE G-2 TOTAL</b>			

\* Enter, by category, the value of benefit passing where the expenditure did NOT exceed the \$25/day or \$200/calendar year thresholds.

**TOTAL AMOUNT OF REIMBURSED BENEFITS, IF ANY.**  
**DO NOT DEDUCT THIS AMOUNT FROM BENEFIT PASSING AMOUNTS.**

\$ \_\_\_\_\_

## SUMMARY OF LOBBYING EXPENDITURES

### EXPENDITURES

1. Salary and Compensation	Schedule B Total	\$ _____	150,671.50
2. Support Personnel	Schedule C Total	_____	0.00
3. Communication Expenses	Schedule E Total	_____	3,244.50
4. Travel and Lodging	Schedule F Total	_____	
5. Benefit Passing	Schedule G-1 and Schedule G-2 Total	_____	
<b>Total Lobbying Expenditures</b>		\$ _____	153,916.00

**SUMMARY OF TOTAL RECEIPTS FROM REPRESENTED ENTITIES** \$ \_\_\_\_\_ 153,916.00



## CERTIFICATION

This certification shall be signed by either the Governmental Affairs Agent filing this Annual Report on his/her own behalf, or by the Managing or Principal Partner or Chief Executive Officer of the Governmental Affairs Agent Firm.

I, Dennis F. Marco

(enter name)

hereby certify that I am duly authorized by

Hamilton Public Affairs, LLC

(enter name of firm)

to file and certify the accuracy and correctness of this Annual Report of Lobbying Activity for calendar year 2018.  
I certify that the statements made herein are true and accurate. I am aware that if any of the foregoing statements are willfully false, I may be subject to punishment.

Registration Number \*\*\*\*\*

PIN

\*\*\*\*\*

DENNIS MARCO

Signature

February 14, 2019

Date

\* Your name must appear on the signature line \*